

# SAMPLE – LIQUOR Insurance Certificate

Date certificate is issued

<h1 style="text-align: center;">Certificate of Liability Insurance</h1>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> Date (mm/dd/yy) </div>
<b>Producer</b> ABC Insurance Agency, Inc. 123 Main St. Chicago, IL 606xx Phone: (xxx) xxx-xxxx Fax: (xxx) xxx-xxxx	<b>Insurers Affording Coverage</b> <div style="border: 2px solid black; height: 40px; margin: 10px 0;"></div>	
<b>Insured</b> <div style="border: 2px solid black; padding: 10px; margin-top: 10px;"> <b>Legal Name</b>  <b>Legal Address</b>  <b>Chicago, IL 606__</b> </div>	Insurer A: XYZ Insurance Company Insurer B: Insurer C: Insurer D:	<div style="color: red; text-align: center;"> Insurer must be authorized to insure in Illinois </div>

Insured name and address must match the legal name and business location address listed on the City of Chicago Business License Application

## Coverage's

[illegible]

INSR LTR	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
A	<input type="checkbox"/> General Liability <input type="checkbox"/> Commercial General Liability XXXXXXXXXXXX XXXXXXXXXXXX	AB1234567	MM/DD/YY	MM/DD/YY	GENERAL AGGREGATE	
					PRODUCTS – COMP/OP AGG	
					PERSONAL & ADV INJURY	
					EACH OCCURRENCE	\$300,000
					FIRE DAMAGE	
					MED EXP	
	Auto Liability XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX XXXXXXXXXXXX				COMBINED SINGLE LIMIT	
					BODILY INJURY	
					BODILY INJURY – PER ACCIDENT	
					PROF	
	Garage Liability XXXXXXXXXX XXXXXXXXXX	Provide active policy number				Liquor Liability insurance with limits of not less than \$300,000, per occurrence
	Excess Liability XXXXXXXXXX XXXXXXXXXX XXXXXXXXXX					
	Worker's Compensation and Employers...					
B	<input type="checkbox"/> Other <input checked="" type="checkbox"/> Liquor Liability	AB1234567	MM/DD/YY	MM/DD/YY	\$300,000	

Description of Operations/Locations/Vehicles/Exclusions Added by Endorsement/Special Provisions	

Legal Address (as shown on License), Chicago, IL 606\_\_

**Include business address in description**

Must indicate 30 day written notice to certificate holder

CERTIFICATE HOLDER / Additional Insured		Cancellation	notice to certificate holder
<div> City of Chicago  Department of Business Affairs and Consumer Protection  121 N. LaSalle, Room 805  Chicago, IL 60602 </div>		<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT XXXXXXXXXXXX SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p>	
<div> The City of Chicago must be listed as Additional Insured </div>		Authorized Representative ABC Insurance Agency, Inc.	Signature from Authorized Rep.